

Division of Health Care Facilities

45th

2104/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/21/2011
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF CLEVELAND			STREET ADDRESS, CITY, STATE, ZIP CODE 3530 KEITH ST NW CLEVELAND, TN 37311		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 643	<p>1200-8-6-.06(3)(i) Basic Services</p> <p>(3) Infection Control.</p> <p>(i) The facility shall have an annual influenza vaccination program which shall include at least:</p> <ol style="list-style-type: none"> 1. The offer of influenza vaccination to all staff and independent practitioners or accept documented evidence of vaccination from another vaccine source or facility; 2. A signed declination statement on record from all who refuse the influenza vaccination for other than medical contraindications; 3. Education of all direct care personnel about the following: <ul style="list-style-type: none"> (i) Flu vaccination. (ii) Non-vaccine control measures, and (iii) The diagnosis, transmission, and potential impact of influenza; 4. An annual evaluation of the influenza vaccination program and reasons for non-participation; 5. The requirements to complete vaccinations or declination statements are suspended by the Medical Director in the event of a vaccine shortage. <p>This Rule is not met as evidenced by: Based on review of personnel files and interview, the facility failed to obtain the influenza</p>	N 643	<p>Human Resource and Staff Developing Coordinator was in-serviced on requirement to obtain declination forms for all associates not receiving the flu vaccine by Executive Director on 12/21/2011.</p> <p>No residents have been affected by this practice.</p> <p>All employees are offered the flu vaccine annually. All associates that refused the flu vaccination will have a signed declination form by 1/20/2012. The facility will implement the use of a declination form annually per policy.</p> <p>An audit of employee records will be conducted monthly by the Human Resource Director for the vaccination form or the declination form. A sample of 10% of all employees will be audited monthly X three months with results reported to the Performance Improvement Committee.</p>	01/20/2012	

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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If continuation sheet 1 of 2

JAN 06 2012

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N 643	Continued From page 1 vaccination declination statement on five of five personnel files reviewed. The findings included: Review of personnel files of two Licensed Practical Nurses and three Certified Nursing Assistants on December 21, 2011, revealed the staff did not receive the influenza vaccine or decline the vaccine. Interview with the Human Resources (HR) Director on December 21, 2011, at 9:20 a.m., in the HR office confirmed the staff refused the vaccine and the facility failed to obtain the declination statement.	N 643			

JAN 06 2012